

AMI Services, Inc.
168 Hopper Avenue
Waldwick, NJ 07463
201 447-6750



Work Order Invoice 51749

Date: 07/25/23

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SGT Catalin D Dima AFRC 910 Raz Avenue New Windsor NY 12553
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	CSS 93728 WO 22718	2,126.83	F	1

Remarks:	SGT Catalin D Dima AFRC WO# 63866
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Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to replace leaking do-electric unions on AHU4T reheat coil as specified on our service proposal dated June 12th, 2023.

Other Costs

Description	Extension
Contract Billing	2,126.83

Subtotal: 2,126.83

Sales Tax: 172.80

Invoice Total: 2,299.63

June 12, 2023

NY116 SGT Catalin D Dima AFRC
910 Raz Ave
New Windsor, NY 12553

Re: CSS 93728 WO 22718 AHU4T reheat coil

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to replace leaking do-electric unions on AHU 4T reheat coil.

Our proposal is based on the following:

1. Isolate coil and drain glycol.
2. Replace all di-electric unions on reheat coil.
3. Fill coil with glycol.
4. Test and inspect.

Our proposal excludes the following:

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not here in listed.
3. Permits or fees.

The above can be completed for the sum of \$2,126.83 plus any applicable taxes.
Quote valid for thirty days.

Labor 10 X \$150=.	\$1,500.00
Trip.	\$75.00
Material \$459.86 X 1.2=.	\$551.83

Please sign where indicated, confirming your acceptance of the above listed work. Kindly fax the signed acceptance to our office, including your Purchase Order Number.

If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Authorized Signature: Joe Bayne Date: 6/21/23

Purchase order: _____

Yours Truly,
David Hinnrichs

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Raze ave Date of Visit: 7/12/23

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Ms. Estes</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|---|
| 1. <u>Quoted job to repair leaking unions</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

got parts from shop. Valved off coil and drained out
what glycol was in the coil. Removed old 4 old leaking
unions. Installed 4 new and redid piping. Went to fill
back up and found that the heating pumps are off and
there is construction being done on boiler. Can t
not pressure test and leak checked. Left valve for the
heating coil off will have to return to open and leak
check.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nicholas domoe Date: 7/12/23

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Ms. Estes Date: 7/12/23

Signed: 

E-Mail: _____